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PTO/SB/21 (09-04)
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				Application Number	10/728,	596 							
TRANSMITTAL				Filing Date	12-05-2	12-05-2003							
FORM				First Named Inventor	Toshiha	Toshihar ENMEI							
				Art Unit	2673	2673							
(to be used for all correspondence after initial filing)				Examiner Name	Vijay SI	Vijay SHANKAR							
Total Number of Pages in This Submission 15				Attorney Docket Numbe	PAT-1-	PAT-1-US-DIV3							
ENCLOSURES (Check all that apply)  After Allowance Communication to TC													
Fee Trans	smittal Fo	orm	╚	Drawing(s)									
<b>₽</b> F	ee Attached			icensing-related Papers	ensing-related Papers		Appeal Communication to Board of Appeals and Interferences						
Amendme	ent/Renly	,	] F	Petition	iition			al Communication to TC al Notice, Brief, Reply Brief)					
				etition to Convert to a				ietary Information					
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Extension	Extension of Time Request			Terminal Disclaimer	Disclaimer			):					
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Incomplet	te Applica	ation											
Reply to Missing Parts under 37 CFR 1.52 or 1.53													
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Signature	<u> </u>	JA TO	SiG	4									
Printed name Daryl R. Wright													
Date 4-8-2005				53,794									
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PTO/SB/17 (12-04v2)
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Fees pursuant to	the Consolidated App	et, 2005 (H.R. 4818).	Applicat	on Number	10/728,596								
I FEE	ETRAN	ISMI	TTAL	Filing Da		12-05-2003							
l	For FY				First Named Inventor		Toshihar ENMEI						
					Examiner Name		Vijay SHANKAR						
Applicant c	aims small entity s	tatus.See	37 CFR 1.27	Art Unit		2673							
TOTAL AMOUN	T OF PAYMENT	725.00		Docket No.		T-1-US-DIV3							
METHOD OF PAYMENT (check all that apply)  Check Credit Cre													
Check Credit Card Money Order Other (please identify):													
Deposit Account Deposit Account Number: Deposit Account Name:													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
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FEE CALCUL	ATION												
1. BASIC FILI	NG, SEARCH, A	ND EXAM	INATION FEES										
	FILI	NG FEES		RCH FEE		MINATIO							
<u>Application</u>	Type Fee (	<u>Small E</u> (\$) <u>Fee (</u>		Small E (\$) Fee (			Entity (\$)	Fees Paid (\$)					
Utility	300	150	500	250	200	0 10	0						
Design	200	100	100	50	130	0 6	55						
Plant	200	100	300	150	160	8 0	80						
Reissue	300	150	500	250	600	30	0						
Provisional	200	100	0	0	(	)	0						
2. EXCESS CLAIM FEES Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  - 20 or HP =													
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)													
Other (e.g., late filing surcharge): 2 month extension 225.00													
SUBMITTED BY				D									
Signature	Tank X	EN S	ide	Registration (Attorney/Ad	n No. <sub>lent)</sub> 53,794		Telephone.	+81-52-203-1001					

Date 04-08-2005 Name (Print/Type) Daryl R. Wright

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